Seasonal Influenza Vaccine
Inactivated, Intradermal

Manufacturer	Sanofi Pasteur
Brand Name	**Fluzone Intradermal®**
Age	**18 -64 yrs**
Dose/Presentation	0.1 mL prefilled microinjection system
Storage	Refrigerate immediately. Store at 2º-8º C (35º-46º F). **Do not Freeze.**
Injection Site	Anterolateral aspect of the upper thigh or upper arm in the deltoid muscle
Route	Intradermal (ID)
Needle Size	22 to 25 gauge, ⅞ to 1¼ inches
Administration	May be administered simultaneously or at any interval between doses with inactivated or live antigen. Neither antibiotics, preservatives or latex are used to manufacture this product.

Schedule for Fluzone Intradermal vaccination

Age	Dose	Number of Doses	Route and Site
18-64 yrs	0.1 mL	1	Deltoid Region

Vaccination efforts should begin as soon influenza vaccine is available and continue through the influenza season

Contraindications to Influenza vaccination:

1. Persons with a severe allergic reaction to a previous dose of influenza vaccine
2. Refer to a physician with expertise in management of allergic conditions for further evaluation if following a influenza vaccine the person had immediately cardiovascular changes, respiratory distress, GI, reaction requiring epinephrine or emergency medical attention.**
3. Persons with acute febrile illness, until their symptoms have abated

Precautions:

1. Persons who developed Guillian-Barre′ (GBS) within 6 weeks of a previous influenza vaccination
2. The prefilled syringes may contain natural rubber latex which may cause allergic reactions in late sensitive individuals.
3. Persons with a history of egg allergy who have experienced only hives after exposure to eggs should receive TIV vaccine, with the use of additional safety measures. Observe for at least 30 minutes for signs of a reaction.**
4. Data supporting the safety and effectiveness in pregnant women, nursing mothers, persons under 18 yrs and geriatric use. Sanofi Pasteur Inc. Pregnancy registry 1-800-822-2463.

Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967

Medical Director's Signature: _____ Effective Date: _____

Reference:

MMWR 8/ 17, 2012 / Vol. 61 / No. 32; 613-618 **http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm?s_cid=mm6132a3_w**
Drug Insert: http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM305080.pdf
CDC Influenza website http://www.cdc.gov/flu
KDHE Influenza website http://www.kdheks.gov/flu/index.html*